

STATE OF KANSAS

STANDARD

State Board of Health—Division of Vital Statistics

CERTIFICATE OF DEATH

Do not write

308 2899
in this space

1. PLACE OF DEATH: County Butler
 Township El Dorado Twp. Registered No. 182
 or City El Dorado Twp. No. 1017, West Towanda Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Mrs Rachel Smith
 (a) Residence, No. R.F.D. 4 El Dorado St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and state.)
 Length of residence in city or town where death occurred 6 yrs. 9 mos. 14 ds. How long in U. S. if of foreign birth? ✓ yrs. ✓ mos. ✓ ds.
 Was deceased ever a member of the Army, Navy, or Marine Corps of the United States? no
 If so, state Organization _____ Rank _____ Period of service _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
 4. COLOR OR RACE White
 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced HUSBAND or (or) WIFE of William Smith

6. DATE OF BIRTH (month, day, year) 10-26-1873

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
66 5 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) 9-19-38
 11. Total time (years) spent in this occupation 39

12. BIRTHPLACE (city or town) no data
 (State or country) Pennsylvania

13. NAME Wesley Adair

14. BIRTHPLACE (city or town) no
 (State or country) Penn.

15. MAIDEN NAME Russell Sprague

16. BIRTHPLACE (city or town) no
 (State or country) Penn.

17. INFORMANT Mrs. Addie Dickman
 (Address) Wichita, Kansas

18. BURIAL, CREMATION, OR REMOVAL Place Towanda Date 4-3-1940

19. UNDERTAKER Arnold Kirby
 (Address) El Dorado, Kansas

20. FILED 4-1-1940 Frank E. Schlyter
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-29-1940

22. I HEREBY CERTIFY, That I attended deceased from March 24, 1940 to March 29, 1940
 I last saw h.e. alive on March 29, 1940 death is said to have occurred on the date stated above 9:15 AM
 The principal cause of death and related causes of importance in order of onset were as follows:
Arthritic Deformans
Multiple Abscesses
 Date of onset _____

Contributory causes of importance not related to principal cause:
Nephritis Glomeruli
Chronic
 Name of operation none Date of _____

What test confirmed diagnosis? autopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
 Accident suicide or homicide? ✓ Date of injury _____, 19____
 Where did injury occur? _____
 (Specify city or town, county, and state)
 Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so specify _____
 (Signed) R. B. Earp M. D.
 (Address) El Dorado, Kansas